

Complete if Known 10/054,577 **FEE** Application Number November 13, 2001 TRANSMITTAL Filing Date Patent fees are subject to annual revision William C. Moyer First Named Inventor Applicant claims small entity status. See 37 CFR 1.27 **Examiner Name** Tnia L. Meonske 2183 Group Art Unit (\$) 120 TOTAL AMOUNT OF PAYMENT SC11370TH Attorney Docket No. FEE CALCULATION (continued) METHOD OF PAYMENT (check all that apply) 3. ADDITIONAL FEES Check Credit card Money Order None Large Small **Entity** Entity X Deposit Account: Deposit Account Number 503079 Eee Fee Fee Fee Code (\$) Code (\$) Fee Description Deposit Account Name **FREESCALE** SEMICONDUCTOR, INC. Surcharge - late filing fee or oath 1051 130 2051 65 The Director is authorized to: (check all that apply) 1052 50 2052 25 Surcharge - late Provisional filing Charge fee(s) indicated below X Credit any overpayments X Non-English specification 1053 130 1053 130 For filing a request for ex parte Charge any additional fee(s) during the pendency of this application 1812 2520 1812 2520 Reexamination Charge fees(s) indicated below, except for the filing fee to the 1804 920* 1804 920* Requesting publication of SIR prior to Examiner action above-identified deposit account. 1805 1840° 1805 1840* Requesting publication of SIR after Examiner action 1251 120 2251 55 Extension for reply within first month 120 **FEE CALCULATION** 1252 2252 215 430 Extension for reply within second month 1253 980 2253 490 Extension for reply within third month 1254 1530 2254 765 1. BASIC FILING FEE Extension for reply within fourth month 1255 2080 2255 1040 Extension for reply within fifth month 1401 2401 170 Notice of Appeal Entity Small Entity 340 Large Filing a brief in support of an appeal Fee 1402 340 2402 170 Fee Fee Fee 2403 150 Request for oral hearing Code (\$) Code (\$) Fee Paid 1403 Petition to institute a public use 1451 1510 1451 1510 proceeding 1001 790 2001 395 Utility filing fee 1452 110 2452 55 Petition to revive - unavoidable 2453 685 Petition to revive - unintentional 1002 300 2002 175 Design filing fee 1453 1370 Utility issue fee (or reissue) Plant filing fee 1370 2501 685 1003 550 2003 275 1501 2004 395 Reissue filing fee 1502 490 2502 245 Design issue fee 1004 790 1005 160 2005 Provisional filing fee 1503 660 2503 330 Petitions to the Commissioner 130 1460 130 1460 Processing fee under 37 CFR 1.17(q) SUBTOTAL (1) (\$) 1807 50 1807 50 1806 180 Submission of IDS 1806 180 2. EXTRA CLAIM FEES 8021 8021 40 Recording each patent assignment 40 Previously Extra Fee from per property (times number of properties) Paid* Claims below Fee Paid **Total Claims** 20 Х 1809 790 2809 395 Filing a submission after final 18 rejection (37 CFR § 1.129(a)) Independent Claims 88 For each additional invention to be 790 2810 395 1810 examined (37 CFR § 1.129(b)) Multiple Dependent 300 Request for Continued Examination Large Entity Smail Entity 1801 790 2801 395 (RCE) Fee Request for expedited examination Code Code (\$) Fee Description 1802 900 1802 900 (\$) of a design application 1202 18 2202 Claims in excess of 20 Independent claims in excess of 3 Other fee (specify) 1201 88 2201 44 Multiple dependent claim, if not paid 1203 300 2203 150 Reissue independent claims over original patent 2204 44 1204 88 1205 18 2205 *Reissue claim s in excess of 20 and over original patent

SUBMITTED BY

Name (Print/Type)

Signature

Submitted BY

Registration No. | 43,629

SUBTOTAL (2) (\$)

**or number previously paid, if greater; For Reissues, see above.

Complete (if applicable)

(\$) 120

SUBTOTAL (3)

Date

* Reduced by Basic Filing Fee Paid

Telephone (512) 996-6839

DOCKET NO. SC11370TH

In re Application of Application of Application of Horizon (Application Number 10.054,577 Filed November 13, 2001 For METHOD AND APPARATUS FOR INTERFACING A PROCESSOR TO A COPROCESSOR For METHOD AND APPARATUS FOR INTERFACING A PROCESSOR TO A COPROCESSOR For A Unit 2183 This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application. The requested extension and appropriate non-small-entity fee are as follows: (Check time period desired):	PETITION F	Docket Number: SC11370TH			
Application Number 10/054,577 Filed November 13, 2001 For METHOD AND APPARATUS FOR INTERFACING A PROCESSOR TO A COPPOCESSOR Group Art Unit 2183 Examiner Trial L. Meonske This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application. The requested extension and appropriate non-small-entity fee are as follows: (Check time period desired):	In re Application of	William C. Moyer			
For METHOD AND APPARATUS FOR INTERFACING A PROCESSOR TO A COPROCESSOR To part unit 2183 Examiner Thia L. Menosike This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application. The requested extension and appropriate non-small-entity fee are as follows: (Check time period desired): X One Month (37 CFR 1.17(a)(1)) \$ 120.00 Two Months (37 CFR 1.17(a)(2)) \$ 430.00 Three Months (37 CFR 1.17(a)(3)) \$ 980.00 Four Months (37 CFR 1.17(a)(4)) \$ 1300.00 Five Months (37 CFR 1.17(a)(5)) \$ 2080.00 Applicant claims small entity status. See 37 CFR 1.27. Therefore, the amount shown above is reduced by one-half, and the resulting fee is \$ A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. X The Commissioner has already been authorized to charge fees in this application to a Deposit Account. X The Commissioner is hereby authorized to charge any fees which may be required or credit any overpayment to Deposit Account Number 503079 X I have enclosed a duplicate copy of this sheet. I am the: Applicant/inventor Assignee of record of the entire interest. See 37 CFR 3.71. X Attorney or agent under 37 CFR 1.34(a) Balance of record (Registration No.: 43,629) Attorney or agent under 37 CFR 1.34(a) Balance of record (Registration No.: 43,629) Attorney or agent under 37 CFR 1.34(a) Balance of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. X Total of 1 form(s) are submitted CERTIFICATE OF MAILING Thereby certify that this correspondence is being facsimile transmitted or deposited with the United States Postal Service with sufficient postage as first-class mail in an envelope addressed to: Commissioner for Patents, Alexandria, VA 22313 on this date: 7.2.7.0.7.10 y					
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application. The requested extension and appropriate non-small-entity fee are as follows: (Check time period desired): X		METHOD AND APPARATUS FOR INTERFACING A	PROCESSOR TO A CO	PROCESSOR	
The requested extension and appropriate non-small-entity fee are as follows: (Check time period desired): X	Group Art Unit	2183	Examiner Tnia	a L. Meonske	
X One Month (37 CFR 1.17(a)(1)) \$ 120.00 Two Months (37 CFR 1.17(a)(2)) \$ 430.00 Three Months (37 CFR 1.17(a)(3)) \$ 980.00 Four Months (37 CFR 1.17(a)(4)) \$ 1530.00 Five Months (37 CFR 1.17(a)(4)) \$ 1530.00 Five Months (37 CFR 1.17(a)(5)) \$ 2080.00 Applicant claims small entity status. See 37 CFR 1.27. Therefore, the amount shown above is reduced by one-half, and the resulting fee is \$ A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. X The Commissioner has already been authorized to charge fees in this application to a Deposit Account. X The Commissioner is hereby authorized to charge any fees which may be required or credit any overpayment to Deposit Account Number 503079 I have enclosed a duplicate copy of this sheet. I am the: Applicant/inventor Assignee of record of the entire interest. See 37 CFR 3.71. X Attorney or agent or frecord (Registration No.: 43,629) Attorney or agent under 37 CFR 1.34(a) Registration number if acting under 37 CFR 1.34(a) Account Number if acting under 37 CFR 1.34(a) Account Number if acting under 37 CFR 1.34(a) Commissioner for record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. X Total of 1 form(s) are submitted CERTIFICATE OF MAILING I hereby certify that this correspondence is being facsimile transmitted or deposited with the United States Postal Service with sufficient postage as first-class mall in an envelope addressed to: Commissioner for Patents, Alexandria, VA 22313 on this date:	This is a request under the	provisions of 37 CFR 1.136(a) to extend the period for	iling a reply in the above	identified application.	
Two Months (37 CFR 1.17(a)(2)) \$ 430.00 Three Months (37 CFR 1.17(a)(4)) \$ 1530.00 Four Months (37 CFR 1.17(a)(4)) \$ 1530.00 Applicant claims small entity status. See 37 CFR 1.27. Therefore, the amount shown above is reduced by one-half, and the resulting fee is \$ A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. X The Commissioner has already been authorized to charge fees in this application to a Deposit Account. X The Commissioner is hereby authorized to charge any fees which may be required or credit any overpayment to Deposit Account Number \$0.000 Poly (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	The requested extension ar	nd appropriate non-small-entity fee are as follows: (C	heck time period desired) :	
A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. X The Commissioner has already been authorized to charge fees in this application to a Deposit Account. X The Commissioner is hereby authorized to charge fees which may be required or credit any overpayment to Deposit Account Number 503079 X I have enclosed a duplicate copy of this sheet. I am the: Applicant/inventor Assignee of record of the entire interest. See 37 CFR 3.71. X Attorney or agent of record (Registration No.: 43,629) Attorney or agent under 37 CFR 1.34(a) Registration number if acting under 37 CFR 1.34(a) Registration number if acting under 37 CFR 1.34(a) NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. X Total of 1 form(s) are submitted CERTIFICATE OF MAILING Thereby certify that this correspondence is being facsimile transmitted or deposited with the United States Postal Service with sufficient postage as first-class mail in an envelope addressed to: Commissioner for Patents, Alexandria, VA 22313 on this date: 7.2.7.0 y Typed or printed name Elaine Cox	Two M Three Four N Five M Applicant claim	onths (37 CFR 1.17(a)(2)) \$ 430.00 Months (37 CFR 1.17(a)(3)) \$ 980.00 Ionths (37 CFR 1.17(a)(4)) \$ 1530.00 onths (37 CFR 1.17(a)(5)) \$ 2080.00 is small entity status. See 37 CFR 1.27. Therefore, the	e amount shown above is	reduced by one-half, and the	
Payment by credit card. Form PTO-2038 is attached. X The Commissioner has already been authorized to charge fees in this application to a Deposit Account. X The Commissioner is hereby authorized to charge any fees which may be required or credit any overpayment to Deposit Account Number 503079 X I have enclosed a duplicate copy of this sheet. I am the: Applicant/inventor Assignee of record of the entire interest. See 37 CFR 3.71. X Attorney or agent under 37 CFR 1.34(a) Registration number if acting under 37 CFR 1.34(a) Registration number if acting under 37 CFR 1.34(a) NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. X Total of 1 form(s) are submitted CERTIFICATE OF MAILING Thereby certify that this correspondence is being facsimile transmitted or deposited with the United States Postal Service with sufficient postage as first-class mail in an envelope addressed to: Commissioner for Patents, Alexandria, VA 22313 on this date: Typed or printed name Elaine Cox					
The Commissioner is hereby authorized to charge any fees which may be required or credit any overpayment to Deposit Account Number 503079 X I have enclosed a duplicate copy of this sheet. I am the: Applicant/inventor Assignee of record of the entire interest. See 37 CFR 3.71. X Attorney or agent of record (Registration No.: 43,629) Attorney or agent under 37 CFR 1.34(a) Registration number if acting under 37 CFR 1.34(a) Registration number if acting under 37 CFR 1.34(a) Type or printed name NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. X Total of 1 form(s) are submitted CERTIFICATE OF MAILING I hereby certify that this correspondence is being facsimile transmitted or deposited with the United States Postal Service with sufficient postage as first-class mail in an envelope addressed to: Commissioner for Patents, Alexandria, VA 22313 on this date: //2/21/0 y Typed or printed name Elaine Cox					
Deposit Account Number 503079 I have enclosed a duplicate copy of this sheet. I am the: Applicant/inventor Assignee of record of the entire interest. See 37 CFR 3.71. X Attorney or agent of record (Registration No.: 43,629) Attorney or agent under 37 CFR 1.34(a) Registration number if acting under 37 CFR 1.34(a) Registration number if acting under 37 CFR 1.34(a) NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. X Total of 1 form(s) are submitted CERTIFICATE OF MAILING I hereby certify that this correspondence is being facsimile transmitted or deposited with the United States Postal Service with sufficient postage as first-class mail in an envelope addressed to: Commissioner for Patents, Alexandria, VA 22313 on this date: Typed or printed name Elaine Cox	X The Commissioner has already been authorized to charge fees in this application to a Deposit Account.				
Assignee of record of the entire interest. See 37 CFR 3.71. X Attorney or agent of record (Registration No.: 43,629) Attorney or agent under 37 CFR 1.34(a) Registration number if acting under 37 CFR 1.34(a) Date Signature Joanna G. Chiu Type or printed name NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. X Total of 1 form(s) are submitted CERTIFICATE OF MAILING I hereby certify that this correspondence is being facsimile transmitted or deposited with the United States Postal Service with sufficient postage as first-class mail in an envelope addressed to: Commissioner for Patents, Alexandria, VA 22313 on this date: Typed or printed name Elaine Cox	Deposit Account Number 503079 I have enclosed a duplicate copy of this sheet.				
Attorney or agent of record (Registration No.: 43,629) Attorney or agent under 37 CFR 1.34(a) Registration number if acting under 37 CFR 1.34(a) Date Signature Joanna G. Chiu Type or printed name NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. X Total of 1 form(s) are submitted CERTIFICATE OF MAILING I hereby certify that this correspondence is being facsimile transmitted or deposited with the United States Postal Service with sufficient postage as first-class mail in an envelope addressed to: Commissioner for Patents, Alexandria, VA 22313 on this date: Typed or printed name Elaine Cox					
Attorney or agent under 37 CFR 1.34(a) Registration number if acting under 37 CFR 1.34(a) Date Signature Joanna G. Chiu Type or printed name NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. X Total of 1 form(s) are submitted CERTIFICATE OF MAILING I hereby certify that this correspondence is being facsimile transmitted or deposited with the United States Postal Service with sufficient postage as first-class mail in an envelope addressed to: Commissioner for Patents, Alexandria, VA 22313 on this date: Typed or printed name Elaine Cox	Assignee of record of the entire interest. See 37 CFR 3.71.				
Registration number if acting under 37 CFR 1.34(a) Date Signature Joanna G. Chiu Type or printed name NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. X Total of 1 form(s) are submitted	X Attorne	ey or agent of record (Registration No.: 43,62)		
Joanna G. Chiu Type or printed name NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. X Total of 1 form(s) are submitted CERTIFICATE OF MAILING I hereby certify that this correspondence is being facsimile transmitted or deposited with the United States Postal Service with sufficient postage as first-class mail in an envelope addressed to: Commissioner for Patents, Alexandria, VA 22313 on this date: Typed or printed name Elaine Cox					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. CERTIFICATE OF MAILING I hereby certify that this correspondence is being facsimile transmitted or deposited with the United States Postal Service with sufficient postage as first-class mail in an envelope addressed to: Commissioner for Patents, Alexandria, VA 22313 on this date: Typed or printed name Elaine Cox		Date	Joann	a G. Chiu	
CERTIFICATE OF MAILING I hereby certify that this correspondence is being facsimile transmitted or deposited with the United States Postal Service with sufficient postage as first-class mail in an envelope addressed to: Commissioner for Patents, Alexandria, VA 22313 on this date: Typed or printed name Elaine Cox	NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.				
I hereby certify that this correspondence is being facsimile transmitted or deposited with the United States Postal Service with sufficient postage as first-class mail in an envelope addressed to: Commissioner for Patents, Alexandria, VA 22313 on this date: Typed or printed name Elaine Cox	X Total of 1 form(s)are submitted				
first-class mail in an envelope addressed to: Commissioner for Patents, Alexandria, VA 22313 on this date: Typed or printed name Elaine Cox					
Typed or printed name Elaine Cox					
P P	first-class mail in an envelope a	ddressed to: Commissioner for Patents, Alexandria, VA 2231	3 on this date:	12/21/04	
P P	Typed or printed name	Elaine Cox			
i cervi	· · · · · · · · · · · · · · · · · · ·	<u> </u>			
		6 xem pa			

12/30/2004 SFELEKE1 00000041 503079 10054577

01 FC:1251

120.00 DA